STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, typover the lines	12FE4M5	
The Travelers	Companies Inc. PAC			
ADDRESS (number and	One Tower Square			
(Check if address is changed)				
	Hartford		CT	06183 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	cfs@pass1.com			
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0 3	26 2009	C C00376376		
4. IS THIS STATEM	NEW (N) OR	X AMENDED	(A)	
I certify that I have exami		0	M®	/ / D D / Y Y Y Y Y
Signature of Treasurer	Electronically Filed by John L I	Mangino	_ Date 0 3	26 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information n	nay subject the person signing the ATION SHOULD BE REPOR		
Office Use Only		For further inform Federal Election C Toll Free 800-424	ommission 9530	FEC FORM 1 (Revised 02/2009)